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**REQUEST
FOR
CONTINUED EXAMINATION (RCE)
TRANSMITTAL**

Address to:
Commissioner for Patents
Box RCE
Washington, DC 20231

| | |
|------------------------|---------------|
| Application Number | 09/903,506 |
| Filing Date | July 13, 2001 |
| First Named Inventor | VASUDEVAN |
| Art Unit | 2172 |
| Examiner Name | J. Fleurantin |
| Attorney Docket Number | 0307280.0100 |

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1. **Submission required under 37 C.F.R. 1.114**

a. ☐ Previously submitted

i. ☐ Consider the amendment(s)/reply under 37 C.F.R. 1.116 previously filed on _____
(Any unentered amendment(s) referred to above will be entered).

ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____

iii. ☐ Other _____

b. Enclosed

i. ☒ Amendment/Reply

ii. ☐ Affidavit(s)/Declaration(s)

iii. ☐ Information Disclosure Statement (IDS)

iv. ☒ Other Return Receipt Postcard

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2. **Miscellaneous**

a. ☐ Suspension of action on the above-identified application is requested under 37 C.F.R. 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. 1.17(i) required)

b. ☐ Other _____

3. **Fees** The RCE fee under 37 C.F.R. 1.17(e) is required by 37 C.F.R. 1.114 when the RCE is filed.

a. ☒ The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 50-1721

i. ☐ RCE fee required under 37 C.F.R. 1.17(e)

ii. ☐ Extension of time fee (37 C.F.R. 1.136 and 1.17)

iii. ☒ Other any additional fees

b. ☒ Check in the amount of \$ 770 enclosed

c. ☐ Payment by credit card (Form PTO-2038 enclosed)

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name (Print /Type) Stephen C. Glazier

Registration No. (Attorney/Agent) 31,361

Signature

Date

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below:

Name (Print /Type) Sadie M. Bone

Signature

Date

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2. **Miscellaneous**

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| | | | |
|--------------------|--------------------|-----------------------------------|-----------|
| Name (Print /Type) | Stephen C. Glazier | Registration No. (Attorney/Agent) | 31,361 |
| Signature | | Date | 15 APR 04 |

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